

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5495

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Cochise C. CITY OR TOWN Douglas D. FULL NAME OF HOSPITAL OR INSTITUTION 1783 J. Ave	B. LENGTH OF STAY IN THIS TOWN 20 yrs IN ARIZONA 65 yrs		2. USUAL RESIDENCE A. STATE Ariz. C. CITY OR TOWN Douglas D. STREET ADDRESS 1783 J. Ave	
	3. NAME OF DECEASED A. (FIRST) Flora B. (MIDDLE) Valenzuela C. (LAST) Alvarez		4. SEX F	5. COLOR OR RACE White
	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widow		6B. NAME OF SPOUSE	
7. DATE OF BIRTH 1887 1887 MONTH ? DAY ?		8. AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife		9B. KIND OF BUSINESS OR INDUSTRY Home		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mex.		11. CITIZEN OF WHAT COUNTRY? U S		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. none		14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) -
15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) -		
16. INFORMANT'S SIGNATURE X Juanita Alvarez		ADDRESS		17. DATE OF DEATH (MONTH) Oct (DAY) 27 (YEAR) 1954
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral Hemorrhage DUE TO (B) Arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION 10-29-54		19B. MAJOR FINDINGS OF OPERATION Cerebral hemorrhage		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dead when seen, 19 App 11:00 P. ALIVE ON 10-29-54, AND THAT DEATH OCCURRED AT 11:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
22A. SIGNATURE H. Valenzuela		22B. ADDRESS M. O. 8 Campbell Ave.		22C. DATE SIGNED 10/30/54
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) Douglas, Ariz. (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE George W. Martin		24B. ADDRESS Douglas, Ariz.		24C. DATE SIGNED 11/1/54
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 11-1-54		25C. NAME OF CEMETERY OR CREMATORY Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.		26A. DATE REC. BY LOCAL REG. 11/1/54		26B. REGISTRAR'S SIGNATURE George W. Martin
26C. FUNERAL DIRECTOR'S SIGNATURE		26D. ADDRESS		26E. DATE SIGNED